



College Readiness Summer Academy

Application Form

Eastern Kentucky University

June 14 – July 2, 2009

APPLICATION DEADLINE: APRIL 30, 2009

Return Completed application with required signatures to:

GEAR UP Site Coordinator

STUDENT INFORMATION			
Last	First	M.I.	
Street		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail		
Date of Birth	Social Security No.		
School You Presently Attend:			
Ethnicity:			

PARENT INFORMATION:			
WITH WHOM DOES THE APPLICANT LIVE:			
Circle One Both Parents Father Mother Other			
Father:			
Last	First	M.I.	
Street		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail		
Mother			
Last	First	M.I.	
Street		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail		
Legal Guardian (If child is not living with Father and/or Mother)			
Last	First	M.I.	
Street		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail		
Has either parent attended college? Father Mother Guardian			
Has either parent graduated from college? Father Mother Guardian			

HEALTH INFORMATION

Health Status (Circle One): Excellent Good Fair Poor

Family Physician: _____ Phone # _____

Please list any health or learning problems you may have:

HEALTH INSURANCE INFORMATION

Company _____

Group # _____ Policy # _____

Company Address: _____

City _____ State _____ ZIP _____

Phone # _____

HEALTH QUESTIONNAIRE

Asthma	Yes	No	Diabetes	Yes	No
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Heart Condition	Yes	No	Heart Condition	Yes	No
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Kidney Problems	Yes	No	Surgery in Past 5 yrs	Yes	No
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If you circled yes to any of the above, please explain in detail below:

While doing activities, do you wear:

Glasses	Yes	No	Contacts	Yes	No
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Will participant bring medication? Yes No If yes, please list:

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Past injuries and other useful information that we should know:



STUDENT QUESTIONNAIRE	
What do you plan to do when you graduate from high school (circle one):	
Attend a 4 Year College	Join the Armed Services
Attend a 2 Year College	Get a Job
Attend a Trade School	Undecided
Please list 3 career choices in order of importance to you:	
1.	
2.	
3.	
Which extra-curricular activities did you participate in during the school year? (List all clubs, athletics, etc.)	
Have you completed any of the following courses:	
Algebra 1	Yes No
Biology	Yes No
Attach PLAN test score. You can get this from your school Counselor.	

Please attach a sheet, explaining in 100 words or less, why you wish to attend the GEAR UP Summer Academy.

I, hereby certify that the above information is correct.

Student Name (please print)

Student Signature Date

Parent/Guardian Name (please print)

Parent/Guardian Signature Date

PHOTO AND PRESS RELEASE FORM

I, BEING THE PARENT OR GUARDIAN OF _____,
HEREBY CONSENT THAT THE PHOTOGRAPHS AND/OR VIDEO FOR
WHICH (S)HE POSED, AND /OR AUDIO RECORDINGS MADE OF HIS/HER
VOICE, MAY BE USED BY GEAR UP KENTUCKY, ITS ASSIGNS OR
SUCCESSORS, IN WHATEVER WAY THEY DESIRE, INCLUDING
TELEVISION. FURTHERMORE, I HERBY CONSENT THAT SUCH
PHOTOGRAPHS, FILMS, RECORDINGS, AND TAPES FROM WHICH THEY
ARE MADE SHALL BE THE PROPERTY OF GEAR UP KENTUCKY, GIVING
THEM THE RIGHT TO REPRODUCE AND MAKE OTHER USES OF SUCH
PHOTOGRAPHS, FILMS, RECORDINGS, AND TAPES AS THEY MAY DESIRE
FREE AND CLEAR OF ANY CLAIM WHATSOEVER ON MY PART.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date



EMERGENCY MEDICAL TREATMENT FORM

IF A MEDICAL EMERGENCY OCCURS, WE, THE STAFF OF THE GEAR UP KENTUCKY/EASTERN KENTUCKY UNIVERSITY SUMMER ACADEMY, WILL MAKE EVERY EFFORT TO CONTACT THE PARENT OR GUARDIAN OF THE STUDENT TO APPROVE EMERGENCY CARE. IN THE EVENT THAT WE ARE UNABLE TO LOCATE YOU, PLEASE SIGN THIS PERMISSION SLIP FOR EMERGENCY CARE.

THIS IS TO CERTIFY TO ALL MEDICAL PERSONNEL THAT I AM THE LEGAL PARENT OR GUARDIAN OF _____
AND THAT I CONSENT TO PROVIDE EMERGENCY SERVICES TO OR FOR THE ABOVE NAMED CHILD AND THAT I ASSUME FULL FINANCIAL RESPONSIBILITY FOR THE ABOVE SAID EMERGENCY.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date



WAIVER AND RELEASE FORM

I, THE PARENT OR GUARDIAN OF _____,
SHALL NOT HOLD GEAR UP KENTUCKY, EASTERN KENTUCKY
UNIVERSITY, ITS MEMBERS OF STAFF, ACCOUNTABLE OR LIABLE FOR
ANY ACCIDENT OR INJURY SUSTAINED BY THE ABOVE NAMED CHILD
WHILE PARTICIPATING IN ANY ACTIVITY SPONSORED BY GEAR UP
KENTUCKY AND EASTERN KENTUCKY UNIVERSITY WHILE AT THE
SUMMER ACADEMY AT EKU, OR BEING TRANSPORTED TO AND FROM
ANY GEAR UP KENTUCKY SPONSORED ACTIVITY. THIS WAIVER SHALL
BE IN EFFECT UNTIL CHANGED IN WRITING BY THE PARENT GUARDIAN
OF THE ABOVE NAMED CHILD AND RECEIVED BY THE SPONSORING
INSTITUTION.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date



INTERNET RELEASE FORM

I DO HEREBY GRANT PERMISSION FOR _____
TO USE THE INTERNET. I UNDERSTAND THAT MY STUDENT WILL BE
REQUIRED TO ABIDE BY ALL RULES ESTABLISHED BY EASTERN
KENTUCKY UNIVERSITY AND GEAR UP KENTUCKY WITH REGARD TO
THE USE OF THE INTERNET. I ALSO UNDERSTAND THAT INAPPROPRIATE
BEHAVIOR MAY LEAD TO DISCIPLINARY ACTION.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

FIELD TRIP/TRANSPORTATION FORM

I GIVE CONSENT FOR _____
TO LEAVE ECU CAMPUS FOR ACADEMY ACTIVITY TRIPS. I GIVE
CONSENT FOR HIM/HER TO WALK OR RIDE IN THE MODE OF
TRANSPORTATION CHOSEN BY THE ACADEMY STAFF FOR
SUCH ACTIVITY TRIPS.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date



RULES AND REGULATIONS

IN ORDER TO HAVE A SMOOTH RUNNING PROGRAM AND PROVIDE FOR THE WELL-BEING OF ALL CONCERNED, IT IS NECESSARY TO ESTABLISH GUIDELINES FOR EXPECTED STUDENT BEHAVIOR. GEAR UP KENTUCKY UNIVERSITY EXPECTS ITS STUDENTS TO DO THE FOLLOWING:

- BE RESPONSIBLE
- BE RESPECTFUL
- KNOW AND DEFEND THEIR RIGHTS
- MAINTAIN A POSITIVE ATTITUDE
- ATTEND SCHEDULED EVENTS DURING THE ACADEMY SESSION

GEAR UP KENTUCKY ACADEMY PARTICIPANTS SHOULD KNOW THE FOLLOWING:

- **USE OF ALCOHOL AND/OR DRUGS OF ANY KIND ARE NOT TOLERATED.** STUDENTS CAUGHT IN THE POSSESSION OF, ASSOCIATION WITH, OR UNDER THE INFLUENCE OF SUCH SUBSTANCES WILL BE REMOVED FROM THE SUMMER ACADEMY IMMEDIATELY.
- **SMOKING AND/OR USE OF TOBACCO PRODUCTS ARE NOT ALLOWED IN THE RESIDENCE HALL AND ARE ILLEGAL.** USE OF ANY TOBACCO PRODUCT WHILE ON CAMPUS OR IN ANY ACTIVITY IS STRICTLY PROHIBITED.
- **HARASSMENT AND INTIMIDATION OF OTHER PARTICIPANTS AND/OR THE STAFF IS STRICTLY PROHIBITED.** PARTICIPANTS WHO VERBALLY OR PHYSICALLY ABUSE OTHER STUDENTS AND STAFF WILL BE REMOVED FROM THE SUMMER ACADEMY PROGRAM.
- **DURING THE ACADEMY, STUDENTS MUST BE IN THEIR OWN ASSIGNED RESIDENCE HALL ROOM BY THE SPECIFIED TIME EACH NIGHT.** FAILURE TO FOLLOW THIS RULE WILL RESULT IN SUSPENSION FROM THE ACADEMY PROGRAM.
- **STUDENTS MAY NOT LEAVE CAMPUS AT ANYTIME.** STUDENTS MUST INFORM COUNSELOR OF THEIR INTENTION OF VISITING THE CAMPUS BOOKSTORE OR OTHER CAMPUS BUILDINGS.
- **ALL STUDENTS ARE EXPECTED TO COMPLETE THE ENTIRE SUMMER ACADEMY PROGRAM.** FAILURE TO DO SO MAY RESULT IN THE DISMISSAL OF THE STUDENT FROM THE GEAR UP KENTUCKY SUMMER ACADEMY.
- **PART OF EACH STUDENT'S RESPONSIBILITY WHILE ON CAMPUS IS THE CARE AND MAINTENANCE OF HIS/HER DORMITORY ROOM AND RESIDENCE HALL.** STUDENTS ARE EXPECTED TO KEEP THE DORM ROOMS AND LOBBY AREA CLEAN AND ARE RESPONSIBLE FOR ANY DAMAGES TO THE FURNISHINGS.



- **FIREWORKS OR POSSESSION OF FIREWORKS ARE NEVER ALLOWED IN THE RESIDENCE HALLS OR ON CAMPUS.** USE BY PARTICIPANT WILL RESULT IN IMMEDIATE SUSPENSION FROM THE ACADEMY.
- **PRIVACY IS RESPECTED.** HOWEVER, AUTHORIZED PERSONNEL MAY ENTER YOUR ROOM FOR REASONS OF HEALTH, SAFETY, GENERAL WELFARE, OR MAINTENANCE. YOU WILL ALWAYS BE GIVEN ADVANCE NOTICE OF ANY SUCH ACTION UNLESS THERE ARE EXCEPTIONAL CIRCUMSTANCES, SUCH AS PERSONAL SAFETY, NOISE LEVELS, OR ITEMS THAT ARE ILLEGAL.
- **DISCIPLINARY ACTION FOR VIOLATION:** DISCIPLINARY ACTION WILL VARY ACCORDING TO THE CIRCUMSTANCES. THE ACTION TAKEN WILL BE MUCH MORE SEVERE WHERE THE HEALTH AND SAFETY OF OTHERS IS INVOLVED. WHEN INFRACTIONS ARE REPEATED AND NO EVIDENCE OF A DESIRE TO IMPROVE BEHAVIOR EXISTS, THE STUDENT WILL BE REMOVED FROM THE SUMMER ACADEMY PROGRAM.

BY FOLLOWING THESE GUIDELINES, EACH GEAR UP KENTUCKY "SUMMER ACADEMY" STUDENT WILL DERIVE FULL BENEFITS FROM THE ACADEMY PROGRAM. THOSE STUDENTS WHO PARTICIPATE IN THE TOTAL PROGRAM WILL DISCOVER THAT THEIR INVOLVEMENT IS A MEMORABLE, VALUABLE EXPERIENCE!

I HAVE READ THE RULES AND REGULATIONS THAT GOVERN THE SUMMER ACADEMY AND HERBY AGREE TO PARTICIPATE WITHIN THE ABOVE GUIDELINES.

Student Name (please print)

Student Signature

Date

WE, THE PARENT(S) AND/OR GUARDIANS, HAVE READ AND UNDERSTAND THE ABOVE RULES AND REGULATIONS THAT ARE EXPECTED OF OUR CHILD AND HERBY AGREE TO THEIR PARTICIPATION IN THE GEAR UP KENTUCKY SUMMER ACADEMY, WHICH FOLLOWS THE ABOVE GUIDELINES.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date



THE FOLLOWING 2 FORMS, UNDERGRADUATE ADMISSION APPLICATION FORM AND ECU JUMP START & HIGH SCHOOL SPECIAL RECOMMENDATION FORM ARE INCLUDED IN THIS APPLICATION PACKET AS EACH PARTICIPANT MAY HAVE THE OPPORTUNITY TO EARN POSSIBLE COLLEGE CREDIT DURING THEIR TIME AT THE ACADEMY. ONE HOUR OF COLLEGE CREDIT FOR A CAREER COURSE MAY BE EARNED ONLY IF THESE FORMS ARE COMPLETED. HOWEVER, SOME OF THE ITEMS REQUESTED ARE NOT REQUIRED FOR CREDIT DURING THE ACADEMY.

THERE IS NO NEED FOR A LETTER OF RECOMMENDATION. THERE IS NO ADMISSION FEE AND THE ACT IS NOT REQUIRED. GEAR UP PARTICIPANTS ARE CONSIDERED HIGH SCHOOL SPECIAL RECOMMENDATION STUDENTS, NOT JUMP START STUDENTS. PLEASE NOTE THAT A PRINCIPAL OR COUNSELOR MUST SIGN. PLEASE DO NOT WAIT UNTIL THE LAST DAY TO REQUEST THEIR SIGNATURE. ALSO, TURN IN THESE 2 FORMS WITH THE ACADEMY APPLICATION. DO NOT MAIL TO ECU.

THE STAFF OF THE ACADEMY IS LOOKING FORWARD TO THE POSSIBILITY OF GEAR UP STUDENTS EARNING COLLEGE CREDIT AT ECU. FILLING OUT THESE FORMS IS A NECESSARY STEP FOR THE POSSIBILITY TO BECOME A REALITY.